| Ff | Factive on 12/08/2 | | | | | | | | | |
|--|--------------------|----------------|-----------------|------------------------|-------------------------------|------------------------|-----------------------|---------------------------|-----------------------|--|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | | | | Complete if Known | | | | | |
| FEE TRANSMITTAL | | | | Applica | ation Number | | 10/579,378 | | | |
| | | | | | Filing Date 11/15/2004 | | | | | |
| For FY 2009 | | | | | amed Inventor | | Vijbe Dijkstra et al. | | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | | | | ner Name | | Galen Hauth | | | |
| | | | | | Art Unit 1791 | | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 130.00 | | | | | Attorney Docket 0470 - 061494 | | | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | | | |
| Check Credit Card Money Order None Other (please identify): | | | | | | | | | | |
| Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: The Webb Law Firm | | | | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | | | | |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee | | | | | | | | | | |
| Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | | | | | | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | | | | |
| FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) | | | | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | | | | |
| FILING FEES SEARCH F | | | | | | | | | | |
| | | | | mall Entity | | | | Fees P | oid (2) | |
| Application Type Utility | Fee (\$) 1 | Fee (\$) 82 | Fee (\$) 540 | <u>Fee (\$)</u> 270 | <u>Fee (\$)</u> 220 | <u>Fee (\$)</u> 110 | | rees 1 | aiu (o) | |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | - | | | |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | - | | | |
| | | | | | | 325 | - | | | |
| Reissue | 330 | 165 | 540 | 270 | 650 | | - | | | |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | - | | | |
| 2. EXCESS CLAIM FEES For Description | | | | | | | т | Fee (\$) | Small Entity Fee (\$) | |
| Fee Description Each claim over 20 (including Reissues) | | | | | | | | 52 | 26 | |
| Each independent claim over 3 (including Reissues) | | | | | | | | 220 | 110 | |
| Multiple dependent claims | | | | | | | | 390 | 195 | |
| Total Claims - 20 or HP Extra Claims Fee (| | | | e (\$) | \$) Fee Paid (\$) | | | Multiple Dependent Claims | | |
| $\frac{200 \text{ m}}{16} - 20 = 0 \text{ x } 0$ | | | | | = | | | Fee (\$) | Fee Paid (\$) | |
| HP = highest number of | total claims paid | | n 20. | | | | | | | |
| Indep. Claims - 3 | or HP | Extra Clain | ns <u>F</u> | <u>ee (\$)</u> | Fee Paid (\$) | | | | | |
| 4 | 4 = | 0 | | 0 = | | • | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | | | | |
| 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under | | | | | | | | | | |
| 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. | | | | | | | | | | |
| See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) | | | | | | | | | | |
| Total Sheets - 100 = Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x = | | | | | | | | | | |
| | | | | | | | | | | |
| 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) | | | | | | | | | | |
| Other (e.g., late filing surcharge): Petition for One-Month Extension of Time | | | | | | | | | | |
| | / | , | | | | | | _ | | |
| SUBMITTED BY | /. | / / / | | , D. | egistration No. | | | | _ | |
| Signature (Attorney/Agent) 22,132 Telephone 412-471-8815 | | | | | | | | | | |
| Name (Print/Type) | William H | Logsdon | // | | | | Date | July | y 28, 2010 | |